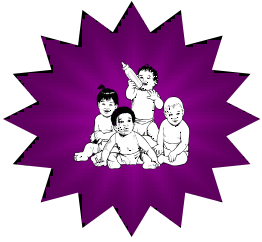


PROFESSIONAL CHILD CARE PROVIDER NETWORK OF PRINCE GEORGE'S COUNTY, INC.



PCCPNPGC, Inc. CHILD CARE DIRECTORY APPLICATION 2019
For PCCPNPGC, Inc. 2019 Members Only!
(Please submit along with your Membership Application)

Provider or Director Name: _____

Provider or Center Name: _____
(Listed on registration/license)

Street Name: _____ City: _____ State: _____ Zip Code _____
(House number will not be listed in the directory)

Email Address: _____ Website: _____

Phone Number: _____ Registration/License#: (Required) _____

I, _____, certify that I am the Registered/Licensed Child Care Provider or
Director of the above Listed Child Care Facility and am in good standings with MSDE/OCC.

X _____
Signature Date

You must be in good standing with MSDE/OCC.
Please check your status before submitting at www.checkcccmd.org.

ALL information on this form must be completed and the below Release of Liability signed!!!

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## Release of Liability

I, \_\_\_\_\_, give my permission for Professional Child Care Provider  
Network of Prince George's County, Inc. to publish my above listed personal and/or business information on  
PCCPNPGC, Inc.'s website and in the Professional Child Care Provider Network of Prince George's County, Inc.  
Member Child Care Directory.

I also understand that Professional Child Care Provider Network of Prince George's County, Inc. will not be held  
liable for any consequences resulting from publication of my above listed personal or business information.

X \_\_\_\_\_  
Signature Date

**Please complete, sign, and submit along with your membership application to:  
LaShawn Jackson, 4502 Bishopmill Drive, Upper Marlboro, MD 20772**

### FOR OFFICE USE ONLY:

Date Child Care Directory Application Received: \_\_\_\_\_  
Registration/License#: \_\_\_\_\_ Capacity: \_\_\_\_\_  
Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Date Child Care Directory Application Received: \_\_\_\_\_  
Date good standing with MSDE verified: \_\_\_\_\_  
Date posted in Child Care Directory: \_\_\_\_\_  
Verified by : \_\_\_\_\_ Date \_\_\_\_\_